

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Family Planning Services and Supplies for Individuals – Payment is made from a statewide uniform fee schedule based on at ninety percent (90%) of the Medicare fee schedule.

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

**Attachment 4.19-B
Page 5**

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Physicians' services – Fees for physician services are updated July of each year and are reimbursed at ninety percent (90%) of the current Medicare rate.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology described above.

TN No. 2010-019
Supersedes:
TN #2005-04

Date Received March 31, 2010
Date Effective January 1, 2010
Date Approved June 28, 2010

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

**Attachment 4.19-B
Page 5.15**

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

TN No. 2010-019
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TN #2002-06

Date Received March 31, 2010
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State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Family Planning Services and Supplies for Individuals – ~~Effective January 1, 2010, payment~~ Payment is made from a statewide uniform fee schedule based on at ninety percent (90%) of the Medicare fee schedule. ~~with adjustments as authorized by the state Legislature.~~

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

~~From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to eight percent (8%) of the allowed amount for that service including Medicare crossover claims.~~

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

~~Physicians' services — Effective January 1, 2010, all fees for physicians' services that are covered for Medicaid-only beneficiaries shall be reimbursed at ninety percent (90%) of the rate established on January 1, 1999, and as adjusted each July thereafter, under Medicare (Title XVIII of the Social Security Act), as amended. For services provided to individuals who are eligible both for Medicare and for full Medicaid benefits, Medicaid reimburses providers in an amount equal to the Medicare cost-sharing amount owed for the service (including co-payments or coinsurance and any deductible owed).~~

~~From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to eight percent (8%) of the allowed amount for that service including Medicare crossover claims.~~

Physicians' services – Fees for physician services are updated July of each year and are reimbursed at ninety percent (90%) of the current Medicare rate.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology described above.

State of Mississippi

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~~Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology, beginning on Page 5 of Attachment 4.19-B.~~